

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 4927

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DSCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IRVINE, JEFFREY, , ,

Mailing Address 24070 HERMITAGE RD

City
SHAKER HEIGHTS

State
OH

Zip Code
44122-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND INSTITUTE OF MUSIC

Occupation (for Individual)
COLLEGE MUSIC PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : VN874FH2YF5

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IRWIN, DON, , ,

Mailing Address 23 FAIRWAY DR

City
DOUGLAS

State
WY

Zip Code
82633-9515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : VN874FEPMP0

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ISBELL, MICHAEL, T, ,

Mailing Address 250 W 24TH ST
APT 3GW

City
NEW YORK

State
NY

Zip Code
10011-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PUBLIC HEALTH POLICY CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2019

Transaction ID : VN874FH2XV9

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶